

Waikanae Golf Club Social Membership Application

Post to: PO Box 59, Waikanae or Email to: waikanae@golf.co.nz

Phone: (04) 293 6399

www.waikanaegolfclub.co.nz



Your Name Mr Mrs Miss Ms Other

First Name/s

Surname

Preferred Name

Your date of birth

Family Membership to also include:

First Name/s

Surname

Your address

Street Number/Street Name

Suburb

Town/City

Post Code

Your contact details

Home

Mobile

Email (please print clearly)

Privacy Statement: The information collected in this form will be used in accordance with the principles of the Privacy Act of 1993. The information will not be used for any other purpose than for a lawful purpose connected to the Club. By submitting this form, you acknowledge your rights to view and amend the information.

Please sign & date here

OFFICE USE: INTRODUCED BY ONLINE - WEBSITE
Paid: \$ Receipt No. Date:
Membership Card Issued: